

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213557619				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: HERFF JONES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2013</p> <p>SCC ID NO: F1607128</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>16,500,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	16,500,000
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COMMON	16,500,000					
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>						
<p>4.) STATE OR COUNTRY OF INCORPORATION: IN</p>						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 4501 W 62ND ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: INDIANAPOLIS, IN 46268</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOE K SLAUGHTER TITLE: PRESIDENT ADDRESS: 8326 EAGLE CREST LANE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46234 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOE K SLAUGHTER TITLE: PRESIDENT ADDRESS: 8326 EAGLE CREST LANE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46234	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	MATTHEW R BARTH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5422 NORTH GRANDIN HALL CIRCLE		
CITY/ST/ZIP/CO:	CARMEL, IN 46033		
NAME:	THOMAS A CAREW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	758 FOXBORO DR		
CITY/ST/ZIP/CO:	AVON, IN 46123		
NAME:	MARK D DILLMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6377 TIMBERCLIMB DR		
CITY/ST/ZIP/CO:	AVON, IN 46123		
NAME:	LARRY T HILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	320 NORTH 60 EAST		
CITY/ST/ZIP/CO:	HYDE PARK, UT 84318		
NAME:	DAVID S HOMEIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8604 SEAWARD COURT		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46256		
NAME:	KENNETH G LANGLOIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13256 SNOW OWL DR		
CITY/ST/ZIP/CO:	CARMEL, IN 46033		
NAME:	MEGAN MCQUIRE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13476 WINAMAC COURT		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
NAME:	GINGER D PLEXICO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4726 JENNYS ROAD		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46228		
NAME:	CATHERINE ANNETTE ROLLYSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	41 OAK TREE DRIVE		
CITY/ST/ZIP/CO:	BROWNSBURG, IN 46112		
NAME:	PETER A SLAMKOWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14408 ADIOS PASS		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		
NAME:	DANIEL D BAYSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	205 N. MICHIGAN		
CITY/ST/ZIP/CO:	CHICAGO, IL 60601		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDRE B LACY DIRECTOR 54 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN D MURTLOW DIRECTOR 8649 MOON BAY CIRCLE INDIANAPOLIS, IN 46236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT S. POTTS DIRECTOR 11652 WEEPING WILLOW CT ZIONSVILLE, IN 46077	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E REILLY DIRECTOR 8877 PICKWICK DRIVE INDIANAPOLIS, IN 46260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN T THOMPSON DIRECTOR 2225 N. COLLEGE AVE INDIANAPOLIS, IN 46205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADAM BLUMENFELD DIRECTOR 1901 DIPLOMAT DR FARMERS BRANCH, TX 75234	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E PITTS VICE PRESIDENT 5132 QUAIL LAKE DALLAS, TX 75287	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICKY L WOLFE VICE PRESIDENT 3625 FAWN HILL RD MATTHEWS, NC 28105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID S HOMEIER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID S HOMEIER, TREASURER PRINTED NAME AND CORPORATE TITLE	11/27/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			